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Borough of Ossett.

TWENTY-SECOND
ANNUAL REPORT

ON THE
SANITARY CONDITION OF OSSETT,
FOR THE YEAR
1895,

BY
G. Spencer Greenwood, D.P.H.,
MEDICAL OFFICER OF HEALTH.



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TWENTY-SECOND ANNUAL REPORT OF
THE MEDICAL OFFICER OF HEALTH,
1895.

Though the year 1895 has in no sense been characterised by great achievements yet improvements in various directions have been effected, and those who remember the town ten or fifteen years ago will not deny that an advance, though perhaps sometimes halting and uncertain, is being made. At the same time less obvious sanitary measures have not been neglected.

VITAL STATISTICS.

Population —It is impossible to arrive at a perfectly correct estimate of the number of inhabitants of a district at any given time, and though a census return is sufficiently accurate for all practical purposes it is not without sources of error. Estimation of the population based on the increase recorded at each census is untrustworthy in small communities, and I believe a more accurate result is to be obtained by the method I have adopted in previous years, viz., that of basing the calculation on the number of inhabited houses. This method obviates to some extent the errors due to emigration and immigration, but is exposed to the fallacy of assuming that the average number of persons in each house remains the same as recorded at the census. The population at the middle of the year is estimated at 11,226, and although this is an increase upon last year less than the natural increase (excess of births over deaths), yet it is in accord with the experience of past years.

Births.—During the year 1895 the births registered numbered 316, one less than in the previous year, and with a slightly increased population this gives a birth-rate of 28.15, the lowest we have had for the past four years. Of the 316 children born, 155 were males and 161 females. The illegitimate birth rate has risen to 4.43 per cent. of the births registered.

Deaths registered from all causes and at all ages numbered 205, viz., 103 males and 102 females; this is in excess of the number in the previous year. An increase in the number of deaths is observed to affect each age period, except the period of 1 to 5 years, the greatest advance being amongst infants under one year of age. The infant mortality is high, viz., 155. Notwithstanding the fact that the death-rate has risen from 15.5 to 18.26, it is reassuring to know that the retrograde movement has not been in the class of diseases known as preventable. The zymotic death-rate as a whole is below that of England and Wales, and only two diseases in the class, Diphtheria and Scarlatina, have death-rates above the average; the latter only to a fractional degree. Phthisis and respiratory diseases exhibit death-rates below the average of the country, so that whilst bearing in mind that infant mortality is much too high, a fact reflecting upon modern civilization, we are driven to the conclusion that the increase in the death-rate is chiefly due to causes not directly associated with sanitation. Nearly one-fourth of those who have passed away attained to 65 years, and these enjoyed an average length of life of over 73 years.



TABLE I.

Showing the Population, Inhabited Houses, Births, and Deaths for the year of 1895 and ten years preceding.

Year.	Estimated population.	Number of inhabited houses.	Registered Births.		Registered Deaths.		
			Males.	Females.	Total at all ages	Under 1 year.	Under 5 years.
1895	11,226	2554	155	161	205	59	84
1885	11,396		126	136	190	44	90
1886	11,506		135	140	165	32	64
1887	11,568		133	145	216	52	84
1888	11,671		167	139	183	37	55
1889	11,847		138	184	166	43	66
1890	11,900	2570	148	150	245	48	87
1891	10,984	2483	161	136	217	55	75
1892	11,100		171	148	181	45	60
1893	11,118		157	158	223	54	92
1894	11,152	2534	167	150	173	45	71

TABLE II.

Death-Rates per 1000 of the population compared with the Rates in England and Wales.

	All causes.	Measles.	Scarlatina.	Diphtheria (including Membranous Croup).	Whooping Cough	Diarrhoea.	Violence	Zymotic diseases.	Phthisis.	Respiratory diseases.
OSSETT.	18.26	0.17	0.17	0.44	0.17	0.26	0.35	1.42	0.62	2.93
ENGLAND & WALES, 1894.	16.6	0.38	0.16	0.28	0.39	0.35	0.60	1.76		

TABLE III.

Annual Birth-rate, Illegitimate Birth-rate, Death-rate,
and Death-rate of Children for the year 1895
and ten years preceding.

Years.	Birth-rate per 1000 of the population	Death-rate per 1000 of the population	Illegitimate birth-rate per 1000 of registered births.	Deaths of children under 1 year per 1000 births.	Deaths of children under 1 year per 1000 total deaths.	Deaths of children under 5 years, per 1000 total deaths.
1895	28.15	18.26	44.3	155.	239	409
1885	23.07	16.7	43.4	167.9	231	473
1886	23.9	14.3		116.4	193	327
1887	24.03	18.7		187.	240	342
1888	26.2	15.7		120.9	202	300
1889	27.18	14.1		133.5	259	397
1890	27.09	20.4	18.8	161.	195	355
1891	27.03	19.9		185.	253	345
1892	28.74	16.3		143.	243	331
1893	28.33	20.05		171.4	242	412
1894	28.42	15.5		141.9	260	410

INFECTIOUS DISEASES.

During the first nine months of the year the infectious diseases notified amounted to an average of $3\frac{1}{2}$ per month, and, if this had represented all the infectious disease in the borough, we should have had little cause for regret. Unfortunately, however, notification takes no account of measles, which during May and June was very prevalent and interfered to such an extent with school work, and spread so rapidly amongst school children, that steps were taken to close the South Ossett Church School and also the Roman Catholic School. This action was followed by good results, and after a month's interval the schools were reopened with but few absentees. The outbreak of measles confined itself chiefly to the district around the schools mentioned, and, although cases occurred in other parts of the town, the other schools were never seriously affected. It generally happens that measles or some other disease not included in the notification schedule is the cause of the temporary closure of schools, for where notification is in force the affected district is readily recognised, and it is at once seen whether any particular school is exercising an influence in spreading the disease; at the same time quarantine is established earlier in infected households and children excluded from school who, though convalescent, are not free from infection. In the case of non-notifiable disease these precautions cannot be taken, and the disease is often carried into a school and spread by the presence of children who have not quite recovered and who should still be in quarantine.

SCARLATINA.—There was an entire absence of scarlatina during the first three months of the year, and from April until October only nine cases of this disease were reported. With the beginning

of November, however, the disease developed an apparently latent vitality, and by the end of the year 28 cases were reported. The type of the disease appears to have been mild and free from complications, although out of the 37 cases two proved fatal, a case mortality of 5.4 per cent. and a death-rate of 0.17 per 1000 of the population.

DIPHTHERIA.—Six cases of diphtheria and nine of membranous croup were notified. The cases seem to have been sporadic, and no glaring sanitary defects were discoverable in connection with the houses occupied by any of the sufferers. Four children attending one school and residing in the same neighbourhood were attacked about the same time, and, as the school could not be held to be at fault, it is probable that the first case spread infection to the others, especially as the sanitary arrangements of the houses in which they lived were found to be perfect. Two of these children were members of the same family, and one of them succumbed to the disease. It is a significant fact that a fatal case of puerperal fever occurred in the same house two months earlier. Examination of the premises failed to reveal any defect which might be suspected of standing in causal relation to those diseases. The house, which has been erected within the last two or three years, is well built, dry and airy, and stands in a position practically open to all the winds of heaven, all drains have been properly disconnected, and the sanitary conveniences are several yards distant from the house. Although one cannot avoid the suspicion that some connection existed between the puerperal fever and the diphtheria in this instance, or that the primary cause of both was to be looked for in one and the same direction, nothing could be found to throw any light on the subject, and proof of the relationship of the two diseases is altogether wanting.

In one of my quarterly reports I alluded to the existence of several cases of membranous pharyngitis, which I did not consider were cases of true diphtheria. Many such cases are indistinguishable clinically from true diphtheria, and, whatever their cause may be, and I am disposed to associate them at least in some instances with sewer gas, they are certainly independent of Löffler's bacillus, the pathogenic micro-organism of diphtheria. Thus the two forms so similar in their clinical manifestations can be differentiated by bacteriological examination, and it is to be hoped that in the future greater use will be made of this method of diagnosis.

ENTERIC FEVER figures in the notification returns to the extent of 9 cases, most of which I believe have been of a mild character, though one case had a fatal termination, being complicated with pneumonia.

WHOOPING COUGH AND INFLUENZA have both been present during the year, but to what extent I have no means of ascertaining, though both have been the cause of some mortality. Whooping cough followed the outbreak of measles.



TABLE IV.

**Classification of Deaths according to Diseases and
Age Periods.**

Cause of Death.	Under 1 Year.	1 to 5	5 to 15	15 to 25	25 to 65	65 and over.	Total under 5	Total
CLASSES.								
I. Zymotic Diseases ...	5	6	3	1	5	1	11	21
II. Dietetic Diseases ...					2			2
III. Constitutional Diseases	8	7	7	4	13	5	15	44
IV. Local Diseases ...	22	10		3	32	27	32	94
V. Developmental Diseases	10					15	10	25
VI. Violent Deaths ...	1				3		1	4
VII. Ill-defined Causes ...	13	2					15	15
Total ...	59	25	10	8	55	48	84	205
I. Zymotic Diseases :—								
ORDER I.—MIASMATIC DISEASES—								
Scarlatina ...		1	1				1	2
Diphtheria ...		2	1				2	3
Membranous Croup ...		1	1				1	2
Typhoid ...					1			1
Measles ...	2						2	2
Whooping Cough ...	1	1					2	2
Influenza ...				1	3	1		5
ORDER II.—DIARRHOEAL DISEASES—Diarthœa ...								
	2	1					3	3
ORDER III.—SEPTIC DISEASES—Puerperal Fever								
					1			1
II. Dietetic Diseases :—								
INTEMPERANCE—								
Chronic Alcoholism ...					2			2
III. Constitutional Diseases :—								
ORDER I.—DIATHETIC DISEASES—								
Malignant Disease ...					6	3		9
Rickets ...		1	1				1	2
Gout ...					1			1
Rheumatism and Rheumatic Fever ...			1		1	2		4
ORDER II.—TUBERCULAR DISEASES—								
Phthisis ...			1	4	2			7
Tubercular Meningitis...	7	6	3		2		13	18
Other Forms of Tuberculosis ...	1		1		1		1	3

TABLE IV. (CONTINUED).

**Classification of Deaths according to Diseases and
Age Periods.**

Cause of Death.	Under 1 Year.	1 to 5	5 to 15	15 to 25	25 to 65	65 and over.	Total under 5	Total
IV. Local Diseases:—								
ORDER I.—NERVOUS								
SYSTEM—Apoplexy ...					2	7		9
Epilepsy ...				1	1			2
Cerebral Anæmia ...				1				1
Paraplegia ...					1			1
Hemiplegia ...					1			1
Laryngismus Stridulus...		1					1	1
Convulsions ...	6	2					8	8
ORDER II.—CIRCULATORY								
SYSTEM—								
Valvular Disease of Heart				1	6	5		12
Syncope ...					1	2		3
ORDER III.—RESPIRATORY								
SYSTEM—Bronchitis ..	3	1			6	7	4	17
Pneumonia ...	7	4			2	1	11	14
Asthma ...					2			2
ORDER IV.—DIGESTIVE								
SYSTEM—Dentition ...	3	2					5	5
Gastritis ...					2			2
Enteritis ...	2						2	2
Intussusception ...	1						1	1
Congestion of Liver ...						1		1
ORDER V.—URINARY								
SYSTEM—Acute Nephritis					1			1
Bright's Disease ...					6	3		9
Disease of Prostate ...						1		1
ORDER VI.—DISEASES OF								
PARTURITION—								
Accidental Hæmorrhage					1			1
V. Developmental Diseases:—								
Premature Birth ...	5						5	5
Atelectasis ...	2						2	2
Imperforate Anus ...	3						3	3
Old Age ...						15		15
VI. Violent Deaths:—								
ACCIDENT OR NEGLIGENCE—								
Falls ...					1			1
Suffocation ...	1						1	1
Drowning ...					1			1
Suicide ...					1			1
VI.—Ill-defined Causes:—								
Debility, Atrophy, and Inanition...	13	2					15	15

SUMMARY OF TABLE IV.

I.—ZYMOTIC DISEASES:—

1. Miasmatic Diseases	..	..	..	..	17
2. Diarrhoeal Diseases	3
3. Septic Diseases	1

II.—DIETETIC DISEASES:—

1. Intemperance	2
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III.—CONSTITUTIONAL DISEASES:—

1. Diathetic Diseases	:	..	16
2. Tubercular Diseases	28

IV.—LOCAL DISEASES:—

1. Diseases of Nervous System	..	..	..	23
2. Diseases of Circulatory System	..	..	..	15
3. Diseases of Respiratory System	..	..	..	33
4. Diseases of Digestive System	..	..	..	11
5. Diseases of Urinary System	..	..	..	11
6. Diseases of Parturition	..	..	..	1

V.—DEVELOPMENTAL DISEASES:—

1. Diseases of Children	..	..	..	10
2. Diseases of the Aged	..	..	..	15

VI.—VIOLENT DEATHS:—

1. Accident or Negligence	3
2. Suicide	1

VII.—Ill-defined Causes

..	15
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TABLE OF DEATHS

during the Year 1895, classified according to DISEASES, AGES, and LOCALITIES.

LOCALITIES.	Mortality from all causes, at subjoined ages.							Mortality from subjoined causes, distinguishing deaths of children under five years of age.															
	At all ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Scarlatina.	Diphtheria.	Membranous Group.	Enteric or Typhoid Fever.	Puerperal Fever.	Measles.	Whooping Cough.	Diarrhoea & Dysentery.	Rheumatic Fever.	Phthisis.	Bronchitis, Pneumonia and Pleurisy.	Heart Disease.	Injuries.	All other Diseases.	TOTAL.	
NORTH WARD ..	49	14	4	1	3	10	17	Under 5						1	1				4		1	11	18
								5 upwards								1	1		9	2		18	31
CENTRAL WARD	42	15	6	2	2	9	8	Under 5	1				1	1	1				3			13	21
								5 upwards			1	1					1	2	6			10	21
EAST WARD ..	60	18	9	5	..	15	13	Under 5	1				1						5			20	27
								5 upwards	1	1								2	6	6	1	22	33
WEST WARD ..	54	12	6	2	3	21	10	Under 5		1					1			3				13	18
								5 upwards	1								5	3	1	1	2	23	36
TOTALS ..	205	59	25	10	8	55	48	Under 5	1	2	1		2	2	3		2	15			1	57	84
								5 upwards	1	1	1	1				2	7	16	15	3	73	121	

TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS,
classified according to DISEASES, AGES, and LOCALITIES.

LOCALITIES.	Population at all ages.		Registered Births.	Aged under 5 or over 5.	New cases of Sickness in each Locality coming to the knowledge of the Medical Officer of Health.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
	Census. 1891.	Estimated to middle of 1895.			Smallpox.	Scarlatina.	Diphtheria.	Membranous Group.	Fevers.					Cholera.	Erysipelas.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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SMALLPOX HOSPITAL.

The year has been passed without the occurrence of any case of smallpox, a most fortunate circumstance considering our unprepared state to deal with an outbreak. We have been in a transition stage, the old hospital being uninhabitable, and the new one in course of construction. The old tumble-down structure has been replaced by a permanent building of brick, with accommodation for 12 beds in two airy and light wards, with properly arranged sanitary conveniences. The accommodation is amply sufficient for non-epidemic times. It must be borne in mind that the object of such a hospital is to afford the means of preventing an epidemic of smallpox, not of dealing with it when it has arisen. The present hospital has been built out of the rates at a cost of £1120 (excluding the cost of the land). It is situated to the north-west of the old building on a plot of land, part the property of and part rented by the Corporation, of about $4\frac{1}{2}$ acres in area.

Much difference of opinion has been expressed as to the wisdom of the step taken since the Local Government Board refused to sanction a loan for the erection of the hospital. It is the opinion of the Local Government Board that smallpox may be disseminated by aërial infection from hospitals where cases are aggregated, and in deference to this view the site chosen was deemed to be too near to dwellings. It is fair to state on the other hand that some high authorities do not accept this theory of the spread of smallpox by air currents, and in regard to some of the cases cited in support of this view (such as the Winter-street Hospital, Sheffield, in 1887-88) other and more obvious modes of infection have not been excluded. It must be remembered that in a small hospital like the one at Storrs-hill no great aggregation is pos-

sible, so that the danger, if it is not altogether chimerical, is at least remote. If the experience of the past is of any value at all as evidence in this question, it is opposed to the view of aërial dissemination. During the 13 years' history of the old hospital 96 cases of smallpox have been isolated, and in the whole of that time, so far as records exist, I cannot find that any new case of smallpox has been observed among residents within half a mile radius of the hospital, during the period of its occupation by smallpox cases.

It is my belief that, whatever may be the truth in relation to large hospitals, small hospitals at least can scarcely be considered to constitute even a possible source of danger so far as aërial infection is concerned.

I unhesitatingly state my conviction that the recurrence of smallpox in the town, without the means of isolation which the hospital affords, would constitute a much greater and more menacing danger than any that is to be apprehended from the hospital itself, provided always that proper care is exercised in its management. In 1881, before the old hospital was built, over 70 cases of smallpox were the result of our inability to isolate the first cases. Every year (except three) since then one or more cases of smallpox have been found, but in no instance has the disease spread to any extent, 19 cases being the maximum number in any one year. With the means at hand for isolating the first cases of smallpox which may make their appearance in the district, and by extending vaccination to all persons who may have been exposed to infection, a severe outbreak of the disease may be effectually prevented, but without facilities for isolation the disease may quickly assume larger proportions.

SEWAGE DISPOSAL.

The application for a loan of £3300 for extensions and improvements at the Eastern Outfall Sewage Works is still under the consideration of the Local Government Board. Considerable increase of the area of the settling tanks is necessary, and with this some form of filtration for the purification of the effluent is essential. The Local Government Board insists upon land filtration, and when proper provision for this is made there is little doubt that borrowing powers will be granted. An alternative scheme has been advocated, and if it were not that the proposition has been made in all seriousness it would be a waste of time to point out its absurdity. We are told that larger precipitation tanks are alone required, and that filtration is altogether unnecessary, and it has been seriously proposed that the expense thus incurred be made a burden upon the rates. In support of their contention the advocates of these measures have gone so far as to declare in public that the effluent at present discharging into the beck is "fit to drink," and have backed their opinion by putting it into practice. For the information of any whose zeal in sanitary matters might lead them to follow so rash an example, I append an analysis of this effluent made by Mr. Allen, the public analyst, of Sheffield. If the origin of this sample were not known, the excess of free ammonia and the excess of albuminoid ammonia would alone constitute strong evidence of the presence of urinal and cesspool contamination; when the degree of hardness and large excess of chlorine are also taken into consideration, the suspicion would become a certainty.

The very large amount of solid matter demonstrates the imperfection of the precipitation, and

judged by the standards of purification recommended by the Rivers Pollution Commissioners this effluent is altogether inadmissible to a stream. Comparison of this analysis with those made for the West Riding County Council of the River Calder shows that it is even more foul than that river itself. Yet we are asked to believe that this effluent is fit to drink.

ANALYSIS OF SAMPLE OF SEWAGE EFFLUENT.

Degree of Hardness.	Chlorine.	Reaction.	Solid Matter.		Ammonia.		Oxygen absorbed.
			Total.	Loss on Ignition.	Free.	Albuminoid.	
	Parts per million.						
72.0	121.4	Faintly Acid.	1708	363	9.89	4.24	28.7

WATER SUPPLY AND LEAD POISONING.

No fault can be found with the quality of the water supplied to us from the Dewsbury and Heckmondwike Waterworks, but in common with other moorland waters it has the disadvantage of rapidly dissolving lead. This plumbo-solvent property of moorland waters is dependant upon the presence of certain acids derived from the growth of micro-organisms in peat. It has been ascertained, however, that the neutralisation of the acid, with lime or chalk, greatly lessens or entirely removes the plumbo-solvent power. I have examined a good many samples of water derived from houses where lead poisoning existed or was suspected, and I have found varying quantities of lead in all of them. The greatest amount found was 0.4 grains per gallon, this in a house in which was a severe case of lead palsy. In previous reports attention has been directed to the pre-

cautions recommended to be taken to mitigate the evil, and it is not necessary now to recapitulate the advice. I may, however, add that some filters are capable of removing the lead, and this I have proved in the case of Barstow's filter, with which I have experimented. By bringing the subject once more under your notice I hope to stimulate some action on the part of the Sanitary Authority. By treating the water with carbonate of soda, chalk or lime, its plumbo-solvency may be minimised or altogether removed. In Wakefield carbonate of soda is said to give satisfactory results. I recommend that by way of experiment a small quantity of lime be added daily to the water in the reservoir, and, if this is found to give good results, some more permanent method of treatment should be adopted.

This question is one of the greatest public importance, and the Sanitary Authority ought not to be deterred by any question of cost from making an attempt to rid us of a poison whose pernicious influence on the health—not of individuals only, but of the entire community—cannot be over estimated.

METEOROLOGY.

The winter of 1895 was the most severe one experienced for many years. The mean temperature for February fell to 28 degrees Fah., the mean minimum for the month being 7 degrees below zero. February was also the driest month, a little snow having fallen on one day only. The greatest amount of rain (5.35 inches) fell in July. Although August had the highest mean temperature of any month in the year, the warmest days were experienced in September, the mean maximum temperature for the month being 67 degrees Fah. The rainfall during the year amounted to 24.47 inches, a trifle below that of last year.

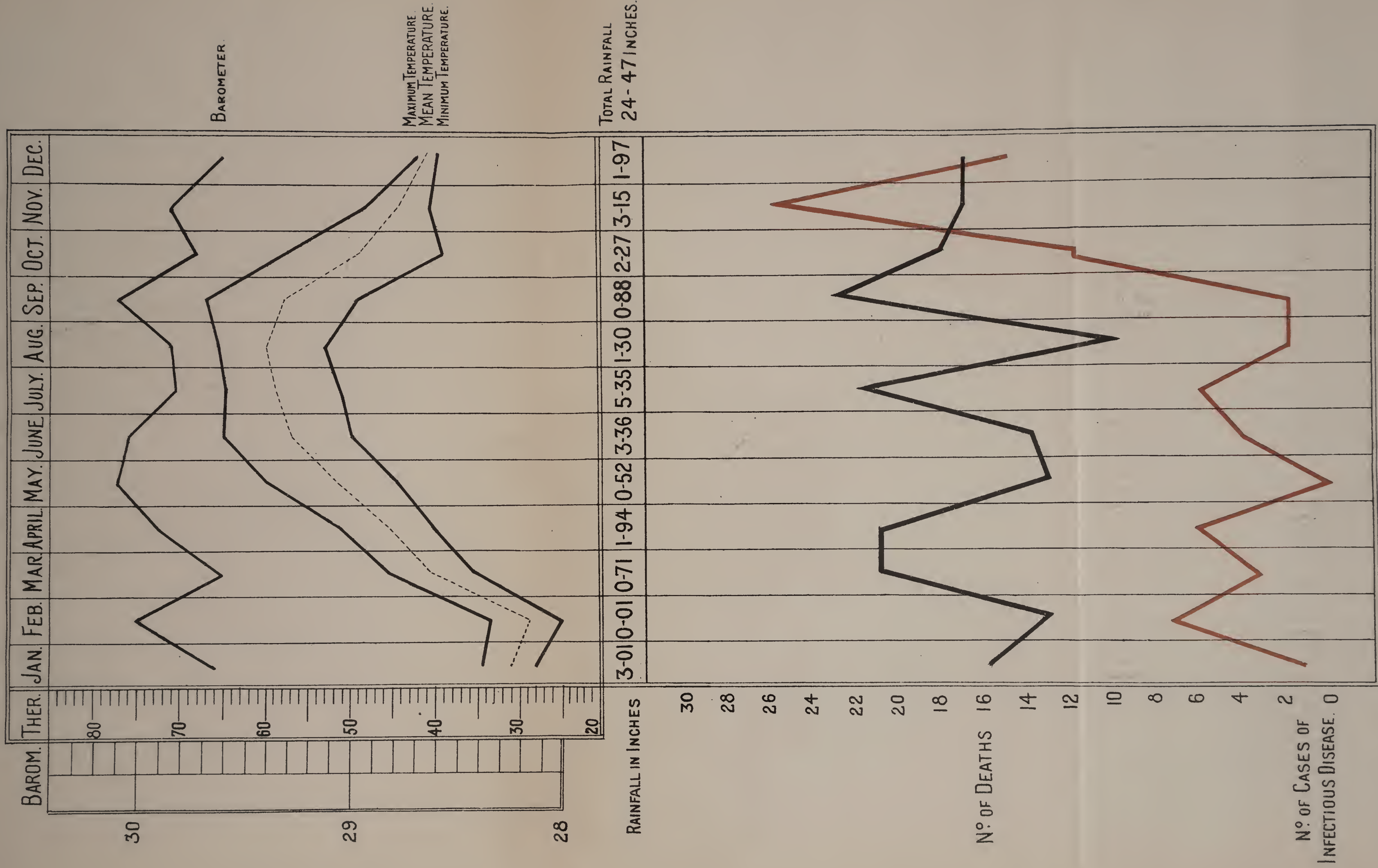
Barometric pressure was highest in May and September, and lowest in March and December. The lowest death-rate for any month occurred in August, a circumstance which can to some extent be accounted for by the almost entire absence of epidemic diarrhœa.

SANITARY WORK.

NUISANCES.—Reference to the sanitary inspector's report shows that 43 nuisances of various kinds have been abated, and that other ten reported during the year still remain to be dealt with. Two houses have been condemned as unfit for habitation, and two cases of overcrowding have been abated. One of them was found in a cellar dwelling, and concerning this I have already reported to the Sanitary Authority. The other case occurred in a house already notorious on account of a prosecution undertaken at the instance of the Society for the Prevention of Cruelty to Children. Previously this house had been reported to be in a filthy and dilapidated condition, and although some repairs have been undertaken the house is not yet in a satisfactory sanitary condition. In the present instance the overcrowding was very considerable. Four adults and ten children, two of them over 12 years of age, were limited to an air-space not greater than should be allowed for the adults alone. The sleeping accommodation for these 14 individuals, members of two separate families, was, to put it mildly, anything but comfortable. The problem of apportioning to each his or her share of the four available beds I leave to others.

OFFENSIVE TRADES.—There is only one establishment in the borough of the nature of offensive trades specifically mentioned in Section 112 of the Public Health Act, and concerning this no complaint is made. The same however cannot be said of the majority of fried fish shops which in recent years have sprung into existence. I do not know that this business could be held to be noxious or offensive within the meaning of the Act, but certain it is that the effluvia from these shops is most objectionable, and of this nuisance complaints are frequently received. Surely fish can be fried

COMPARISON OF METEOROLOGICAL CONDITIONS WITH
MONTHLY DEATHS & CASES OF INFECTIOUS DISEASE.



without the usual accompaniment of stench due to burning fat, though possibly connoisseurs of this delicacy may consider it a savoury odour.

UN SOUND FOOD has not been exposed for sale in any of the shops, but it has been apprehended that attempts might be made to dispose of food of this kind in the market, and a strict watch has been kept by the police and the sanitary inspector, with the result that one seizure of unsound fish was made under my instructions. This led to a prosecution, and a fine was inflicted.

SCAVENGING.—An attempt to do the scavenging by contract at a reduced cost having proved eminently unsatisfactory, a return has been made to the system of previous years, and the work is now carried out by the sanitary staff at an annual cost of about £600. Ashpits are now cleansed every 4 weeks, and in a systematic manner productive of greater convenience to the public, and infinitely less trouble to the officials, than was the case last year.

STREETS AND BUILDINGS.—Building operations have been actively going on during the past twelve months, and, in addition to 98 new dwelling-houses, three warehouses, one shop, and other less important structures have been erected. Three new streets have been constructed, and various improvements in old streets have been effected. The long talked of Sowood-lane scheme is now being carried out, and it is hoped will shortly be completed. Westfield-street, Headlands, is at last being put into proper repair, but, unless the approaches to it are similarly dealt with, the work will be but half done. The paving of the Market-place has been a great improvement.

SANITARY INSPECTOR'S REPORT.

Nuisances.

Remaining over from 1894	..	..	..	13
Reported during 1895	..	..	..	40
Abated during 1895	..	..	..	43
Unabated at close of 1895	..	..	..	10

Buildings.

New dwelling-houses erected	..	..	..	98
Other buildings erected	..	..	..	16

Results of Inspection.

Orders issued for sanitary amendment of premises	..	..	..	..	2
Houses condemned unfit for habitation	..				2
Houses disinfected	..	..	..		0
Seizure of unsound food	..	..	..		1

Closets.

Approximate number of W.C.'s					
Trough closets	..	..	..		2
Covered privy middens	..	..	..	1000	
Uncovered p. m.'s	..	..	..	100	
New constructed	..	..	..	35	

Sewerage and Scavenging.

New sewers (number of yards)	..	..	865	
Loads of night-soil removed	..	..	6870	
Slaughter-houses inspected	..	..	14	
Prosecutions	..	..	1	

I would remind the Authority again of the necessity of seeing streets properly laid out before allowing new houses to be built. Neglect of this precaution may lead to the faulty construction and bad levels of streets, an example of which is seen at Veto Buildings.

New sewers have been laid in Sowood-lane, in Storrs Hill-road for the drainage of the new hospital, and in Haggs-lane; the latter now connecting the houses in this quarter, previously without any proper drainage, with the main drainage system.

Slaughter-houses have been regularly inspected, and have been found to be in a fair condition, but no attention has yet been directed to the state of cow-sheds.

Since my last report the burial-ground in connection with the Congregational Chapel has been closed, except for the interment of three persons still living who have vaults in this burial-ground.

G. SPENCER GREENWOOD,

Medical Officer of Health.

Feb. 28th, 1896.

